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PTO/SB/01 (10-00)

Approved for use through 10/31/2002 OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

1024-035

First Named Inventor

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

1/10/01

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**IMPROVED COIL AND CLAMP FOR VARIABLE
RELUCTANCE TRANSDUCER**

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

as United States Application Number or PCT International

☐ was filed on (MM/DD/YYYY)

(if applicable)

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/174,903	1/10/00	

[Page 1 of 2]

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PTO/SB/01 (10-00)

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number or Bar Code Label **26542** OR ☐ Correspondence address belowName **JAMES H. LEAS**Address **37 BUTLER DRIVE**Address **-**City **S. BURLINGTON**State **VT**ZIP **05403**Country **USA**Telephone **802 864-1575**Fax **802 864 9319**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle (if any)) **STEVEN W.**Family Name
or Surname **ARMS**Inventor's
Signature **Steven W. Arms**Date **10 JAN 2001**Residence: City **Williston**State **VT**Country **US**Citizenship **USA**Mailing Address **MICROSTRAN, INC.**Mailing Address **PO BOX 86**City **BURLINGTON**State **VT**ZIP **05702-0086**Country **USA**

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle (if any))Family Name
or SurnameInventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/01 (10-00)

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DECLARATION — Utility or Design Patent Application

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or Bar Code Label**26542**OR ☐

Correspondence address below

Name **JAMES H. LEAS**Address **37 BUTLER DRIVE**Address **-**City **S. BURLINGTON**State **VT**ZIP **05403**Country **USA**

Telephone

802 864-1575Fax **802 864 9319**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle (if any))

Family Name

or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle (if any))

MICHAEL J

Family Name

or Surname

HAMELInventor's
Signature**Michael J. Hamel**Date **10 JAN 01**

Residence: City

WILLISTON

State

VT

Country

USA

Citizenship

USA

Mailing Address

152 STIRRUP CIRCLE

Mailing Address

City **WILLISTON**State **VT**ZIP **05495**Country **USA**☒ Additional inventors are being named on the () supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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PTO/80/02A (11-00)

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page ___ of ___

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
STEVEN WARD		MUNDELL	
Inventor's Signature <i>[Signature]</i>		Date 01/10/01	
Residence: City	State	Country	Citizenship
S. BURLINGTON	VT	USA	U.S.
Mailing Address 5 OLD ORCHARD PARK			
Mailing Address APARTMENT #514			
City	State	ZIP	Country
S. BURLINGTON	VT	05403	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
CHRISTOPHOR PRUYN		TOWNSEND	
Inventor's Signature <i>[Signature]</i>		Date 1/10/01	
Residence: City	State	Country	Citizenship
SHELBURNE	VT	U.S.A.	US
Mailing Address 38 WEBSTER ROAD			
Mailing Address			
City	State	ZIP	Country
SHELBURNE	VT	05482	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
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PTO/SB/81 (11-86)

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APPLICATION**

Application Number	
Filing Date	1/10/01
First Named Inventor	
Group An. Unit	
Examiner Name	
Attorney Docket Number	1024-035

I hereby appoint:

☒ Practitioners at Customer Number

26542

Place Customer
Number Bar Code
Label here

OR

☐ Practitioner(s) named below.

Name	Registration Number
James M. Leas	34372

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

<input type="checkbox"/> Firm or Individual Name	James Marc Leas				
Address	37 Butler Drive				
Address					
City	S. Burlington	State	VT	Zip	05403
Country	USA				
Telephone	802 864-1575	Fax	802 864-9319		

I am the:

☒ Applicant.☐ Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed**SIGNATURE of Applicant or Assignee of Record**

Name	STEVEN W. ALMS
Signature	<i>Steven W. Alms</i>
Date	10 JAN 2001

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PTO/SB/01 (11-86)

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NOT ACCOMPANYING
APPLICATION**

Application Number

Filing Date

1/10/01

First Named Inventor

Group Art Unit

Examiner Name

Attorney Docket Number

1024-035

I hereby appoint:

☒ Practitioners at Customer Number

26542

OR

☐ Practitioner(s) named below:Place Customer
Number Bar Code
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Name	Registration Number
James M. Leas	34372

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

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<input type="checkbox"/> Firm or Individual Name	James Marc Leas				
Address	37 Butler Drive				
Address					
City	S. Burlington	State	VT	Zip	05403
Country	USA				
Telephone	802 864-1575	Fax	802 864-9319		

I am the:

☒ Applicant.☐ Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed**SIGNATURE of Applicant or Assignee of Record**

Name	Michael J. Hamel
Signature	Michael J. Hamel
Date	10 JAN 2001

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NOT ACCOMPANYING
APPLICATION**

Application Number

Filing Date

First Named Inventor

Group Art Unit

Examiner Name

Attorney, Docket Number

1/10/01

1024-035

I hereby appoint

☒ Practitioners at Customer Number

26542

OR

☐ Practitioner(s) named belowPlace Customer
Number Bar Code
Label here

Name	Registration Number
James M. Leas	34372

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OR

<input type="checkbox"/> Firm or Individual Name	James Marc Leas		
Address	37 Butler Drive		
Address			
City	S. Burlington	State	VT
Country	USA		
Telephone	802 864-1575	Fax	802 864-9319

I am the:

☒ Applicant☐ Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name	STEVEN WARD MUNDALL
Signature	<i>Steven W. Mundall</i>
Date	10 JANUARY 2001

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Jan. 10 2001 9:47AM Law Office of James Marc Leas 802 864-9319

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Application Number

Filing Date

First Named Inventor

Group Art Unit

Examiner Name

Attorney Docket Number

1/10/01

1P29-035

I hereby appoint:

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Name	Registration Number
James M. Lewis	34372

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith

Please change the correspondence address for the above-identified application to:

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OR

☐ Firm or
 Individual Name James Marc Lewis
 Address 37 Butler Drive
 Address
 City S. Burlington State VT ZIP 05403
 Country USA
 Telephone 802 864-1575 Fax 802 864-9319

I am the

☒ Applicant

☐ Assignee of record of the entire interest
 (Certificate under 37 CFR 3.72(b) is enclosed)

SIGNATURE of Applicant or Assignee of Record

Name CHRISTOPHER P. TOWNSEND
 Signature [Signature]
 Date 1/10/01

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